SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 20 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Seniors Housing Associat	d Statements may not be sold or used by any person the name and address of any political committee to ion (Seniors Housing PAC)	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Margaret F Ostrom  Mailing Address 71 S. Wacker Dr. Suite 900  City Chicago  FEC ID number of contributing federal political committee.  Name of Employer Classic Residence by Hyatt  Receipt For:	State Zip Code IL 60606-4637  C  Occupation SVP-Sales  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) John Hoover	1000.00	Date of Receipt
Mailing Address 71 S. Wacker Dr Suite 900  City Chicago  FEC ID number of contributing federal political committee.  Name of Employer Classic Residence by Hyatt  Receipt For:  Primary General Other (specify) ▼	State Zip Code IL 60606-4637  C  Occupation VP of Project Management  Aggregate Year-to-Date   500.00	Transaction ID: 24546508  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) Bill E. Sheriff Mailing Address Suite 200 City Brentwood  FEC ID number of contributing federal political committee.  Name of Employer Brookdale Senior Living, Inc. Receipt For: Primary General Other (specify)	State Zip Code TN 37027-5021  C  Occupation CEO  Aggregate Year-to-Date  3000.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<b>)</b>	4500.00